

# RECEIPT

DATE

03/05/25

No.

927927

RECEIVED FROM

Tineri Container Service

\$

350.00

Three hundred fifty and  $\frac{00}{100}$ 

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-0036D

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

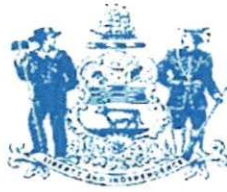
FROM

14439

TO

BY

M.M.



RECEIVED

MAR 05 2025

DNREC - WHS

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL  
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES  
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403  
FAX: (302) 739-5060

**SOLID WASTE TRANSPORTER PERMIT APPLICATION**

**Instructions:** You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "**State of Delaware**" must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control  
Compliance and Permitting Section  
89 Kings Highway  
Dover, DE 19901

**1. Type of Permit**

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☐ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☒ Renewal: Permit # DE-SW- 0036D Expiration Date 6/30/25

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

**SCRAP TIRES ONLY**

- ☐ One Year - \$75.00
- ☐ Two Years - \$125.00
- ☐ Three Years - \$175.00
- ☐ Four Years - \$225.00
- ☐ Five Years - \$275.00

**ALL OTHERS**

- ☒ One Year - \$350.00
- ☐ Two Years - \$650.00
- ☐ Three Years - \$950.00
- ☐ Four Years - \$1250.00
- ☐ Five Years - \$1550.00

## 2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? ☐ Yes ☒ No

## 3. Company Information

Company Name Tinari Container Service

Location Address:	Mailing Address:
1060 Industrial Blvd	(same)
Southampton, PA 18966	

Contact: Jacki Tinari Title: Office Manager

Business Phone: 215.322.9135 Fax: 215.322.8266

E-mail: tinaricontainerservice@verizon.net

24 hr Emergency Contact Phone: [REDACTED]

## 4. Company Ownership Information

(a). Please indicate the company type:

- ☐ Proprietorship  
☐ Partnership  
☒ Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: Southampton State: PA Date: 06/21/84

- ☐ Municipality  
☐ Public institution  
☐ Limited Liability Corporation (LLC) State: \_\_\_\_\_  
☐ Other: (must specify) \_\_\_\_\_

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

☒ Attachment \_\_\_\_\_

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

- ☐ Attachment \_\_\_\_\_  
☒ No parent company

**5. Company locations in Delaware**

List name and street address of each company location, including freight terminals, within the State of Delaware.

- ☐ Attachment \_\_\_\_\_  
☒ No Delaware locations

**6. Company Affiliates**

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- ☒ Attachment \_\_\_\_\_  
☐ No affiliates

**7. Type of Waste to be Transported**

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- ☐ Residential waste  
☐ Commercial waste (from **non-manufacturing, non-processing** businesses and offices)  
☐ Industrial waste (from a manufacturing or industrial process)  
☒ Dry waste: ☒ construction/demolition debris  
☐ trees/stumps  
☐ other (must specify) \_\_\_\_\_  
☐ Ash: ☐ municipal incinerator  
☐ coal ash  
☐ other (must specify) \_\_\_\_\_  
☐ Infectious waste  
☐ Non-hazardous petroleum-hydrocarbon contaminated soils  
☐ Asbestos-containing waste  
☐ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☐ Yes ☒ No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No ☒ N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☐ Yes ☐ No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? ☐ Yes ☐ No

### 8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? ☒ Yes ☐ No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- ☐ Delaware Solid Waste Authority locations: (attachment) \_\_\_\_\_
  - ☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
  - ☒ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils )
  - ☐ Other in-state solid waste facilities, including private facilities: (attachment) \_\_\_\_\_
  - ☐ Out of state solid waste TSD facilities: (attachment) \_\_\_\_\_

### 9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☐ Attachment \_\_\_\_\_
  - ☒ Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

- ☐ Attachment \_\_\_\_\_
- ☒ No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 00374997 MC# \_\_\_\_\_

- ☐ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

### 10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? ☐ Yes ☒ No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? ☐ Yes ☒ No
- (c). Do you transport Interstate? ☒ Yes ☐ No

- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Contaminated Soils	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	(For Hire & Private)	
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

## 11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

✓ Spill Control Plan: Attachment \_\_\_\_\_

## 12. Driver Training

**IN SUMMARY OR OUTLINE FORM**, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- Describe how drivers are instructed in the following:
  - Knowledge of proper handling procedures for the type of solid waste being transported.
  - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
  - Familiarity with the conditions of the solid waste transporter's permit.

✓ Driver Training, attachment \_\_\_\_\_



### 13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

**NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.**

☒ Vehicle List Attached

### 14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☒ Yes

What tax form do you submit to the IRS for your vehicle operators?

- ☒ Form W-2  
☐ Form 1099-Misc  
☐ Other

### 15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- ☐ Attachment \_\_\_\_\_  
☒ No violations within the specified time period

### 16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

\*\*Signature Susan Tinari Date 2-28-2025  
Print Name Susan Tinari Title Vice President

**\*\*A legal owner or corporate officer must sign the application\*\***



# TINARI

## CONTAINER SERVICE

### ATTACHMENTS

#### **4 (b). Company Ownership Information**

Charles Tinari, President

[REDACTED]  
1.075269% Ownership

Susan Tinari, Vice President

[REDACTED]  
1.075269% Ownership

Michael Tinari, Secretary

[REDACTED]  
33.333333% Ownership

Trusts:

Susan Tinari IIRV Trust FBO Charles Tinari  
32.258065% Ownership

Charles Tinari IIRV Trust FBO Susan Tinari  
32.258064% Ownership

#### **6. Company Affiliates**

Construction, Demolition, Recycling, Inc.  
1060 Industrial Blvd, Southampton, PA 18966





TINACON-01

ROEBR1

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
2/28/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Selzer Company 975 Easton Road Ste. 100 Warrington, PA 18976	<b>CONTACT NAME:</b> Mary Beth Campbell		
	<b>PHONE (A/C, No, Ext):</b> (215) 491-2700 108	<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> mbc@selzercompany.com		
<b>INSURED</b>  Tinari Container Service, Inc. Construction Demolition Recycling, Inc. 1060 Industrial Boulevard Southampton, PA 18966	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Nautilus Insurance Company		17370
	<b>INSURER B :</b> Great Divide Ins.		25224
	<b>INSURER C :</b> Westfield Insurance Company		24112
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ECP2029955-16	9/1/2024	9/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> <b>incl Pollution</b>						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	OTHER:						\$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BAP2029956-15	9/1/2024	9/1/2025	BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/>					EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB			FFX2029960-16	9/1/2024	9/1/2025	AGGREGATE \$ 5,000,000
	DED						\$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N		WCA2029957-15	9/1/2024	9/1/2025	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
<b>C</b>	<b>Equipment Floater</b>			CWP4933028	9/1/2024	9/1/2025	Limit 259,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: MCS-90

**CERTIFICATE HOLDER****CANCELLATION**

State of Delaware  
Dept of Natural Resources & Environmental Control  
Division of Waste & Hazardous Substances  
89 Kings Highway  
Dover, DE 19901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Richard J. Syer*

# TINARI

## CONTAINER SERVICE

1060 Industrial Boulevard • Southampton, PA 18966

Phone: 215-322-9135

## Spill Control Plan For Solid Waste Haulers

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Spill control and safety equipment carried in each vehicle:

- Reflectors and/or flares
- Fire extinguisher
- First Aid Kit
- Heavy Duty Gloves
- Hard hat
- Flashlight
- Protective footwear
- Reflective vest
- Broom
- Shovel

All loads will be enclosed, covered or tarped to prevent the accidental discharge of the waste during the transport to the disposal facility. The driver will perform the following pre-trip inspections:

- Walk around and inspect. Inspect for general condition and damage, including fluid or air leaks. Check for dirty, missing, or broken lights and reflectors.
- Check tires, wheels coupling devices, landing gear.
- Left side of cab area – driver's door glass and door latches, mirrors, left front wheels, left front suspension.
- Front of Cab Area- general condition of front axle, steering system. Be sure license plate is present, secured all inspection stickers, decals are present. Note general condition of windshield, windshield wipers, lights, and reflectors.
- Right side of cab area-note general condition of Passenger's door glass and door latches, lock, mirrors, right front wheel right front suspension. Right front brake.
- Right saddle tank area note general condition of right fuel tank.
- Coupling System Area note general condition of fifth wheel, lower fifth wheel, Upper Check air and electric lines to trailer Sliding 5<sup>th</sup> wheel
- Right rear tractor wheels area –general condition of dual w3heels, tandem axles, suspension, brakes.
- Rear of Tractor Area – be sure that frame and cross members are not bent, cracked or otherwise damaged or missing. Check lights and reflector.
- Trailer Frontal Area check air and electrical connections

- Right side of Trailer area – front trailer support (landing area) spare tires, frame and body.
- Right rear trailer wheels area-general condition of dual wheels, tandem axles, suspension, brakes.
- Rear of trailer area – lights and reflectors check splash guards not damaged and properly fastened, not dragging.
- Left rear trailer wheels – general condition of dual wheels, tandem axles, suspension, brakes.
- Left side of trailer area - check landing gear, frame and body.
- Left saddle tank area – general condition of fuel tank.
- Return to cab note general condition of Emergency equipment. Mirror positions
- Check for fluid leaks – check fluid levels, and for signs fluid loss under the vehicle for oil, coolant, and battery fluid. Check gauges frequently while driving.

### *Spill Control Plan*

The following is the procedure for spill control in the event of a waste spill:

#### **Hazmat/Spill notification procedure**

If uninjured, call 911 to report the accident or spill or the County emergency management office for the jurisdiction in which the accident or spill has occurred.

Pennsylvania Emergency Management Agency (PEMA)

**717-783-8150 or 1-800-424-7362**

**Delaware 911 or 302-739-9401 or 1-800-662-8802**

The driver will immediately notify Chris Tinari at the office at 215-322-9135 to report the accident/and or spill. The designated person will also contact the necessary state and municipal authorities if a hazardous material spill such as oil, fuel or hydraulic fluids results from the accident.

I have read and agree to the spill control plan for solid waste haulers.

**Drivers Signature:** \_\_\_\_\_

# TINARI

## CONTAINER SERVICE

1060 Industrial Boulevard • Southampton, PA 18966

Phone: 215-322-9135

## DRIVER TRAINING

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Employees hired by the Company to operate a motor vehicle will have the basic skills and credentials necessary to perform this function as confirmed through the driver's selection process. Depending on what size truck you will be driving for us, we require a valid drivers license class A or B CDL.

New employees will receive a copy of this program as part of their initial orientation. An orientation program has been established to help assure all employees are presented with the company policy, understand their responsibilities and are familiarized with their vehicle. Areas that will be addressed with the driver include:

- Understand, review and sign a copy the Fleet Safety Program.
- Review individual Motor Vehicle Records (MVR)
- Understand accident reporting and emergency procedures.
- Review operations and controls of vehicle being assigned.
- Inspect the vehicle using a vehicle inspection form.

All new employees must possess the basic driver skills which include the following:

1. *Vehicle Familiarization*

Drivers of large equipment should know their mechanical components. This can entail knowing the fuel, breaking, and transmission systems. This may include knowing how to check the oil, check tires for wear and air pressure, or change a flat tire. Drivers will also be required to complete pre-trip inspections.

2. *The Maneuvering of the Vehicle*

This includes starting, stopping, steering and parking the vehicle in a controlled area such as an empty parking lot.

3. *Road Testing*

Road testing involves actual driving of the vehicle in traffic on a route that includes a variety of traffic and maneuverability situations.

4. *Accident Reporting*

Drivers should have a standard format for obtaining necessary information at the accident scene. Also a camera.



A very important part of the initial training is stressing the importance of defensive driving.

Defensive driving mainly involves the following factors:

- The ability to recognize hazards by determining what could go wrong and what is happening around you.
- The ability to use judgment and solve problems. What can be done to avoid or abate the hazard?
- Providing adequate time to adjust to hazardous situations, staying alert to conditions around you.
- According to the National Safety Council, defensive driving is defined as "driving to save lives, time and money in spite of the conditions around you and the actions of others." Without the proper attitude while driving, a driver's problem solving ability and judgment capability deteriorate.

The following items can affect a driver's attitude:

Bad weather/road conditions  
Heavy traffic/continued congestion  
Anxiety/fatigue  
Irate customer  
Family Disputes

Drivers will be provided training necessary to complete their everyday driving situations encountered through employment with Tinari Container Service. The company will be providing driver training and overall employee safety training through periodic safety meetings and job site toolbox talks.

#### 5. *Driver Safety Regulations*

**Safety Belts** – The driver and all occupants are required to wear safety belts when the vehicle is in operation or while riding in a vehicle. The driver is responsible for ensuring that passengers wear their safety belts. Fines and violations received for improper use of or not wearing seatbelts will be the responsibility of the individual drivers.

Our training program shall address requirements for new drivers, continuing education of existing drivers, and instances where remedial training shall be required.

Consideration will be given to include educational and physical requirements in the job description.

Tinari Container Service will evaluate the physical condition of drivers to make sure they are capable of performing the driving tasks outlined in the job description. The driver's physical condition will be reevaluated on a periodic basis.

When evaluating background information, we will consider factors such as:

- The number of moving violations

- The severity of moving violations
- Proper license suspension
- Previous crashes or incidents
- Previous experience or training
- Criminal record
- History of DUI/DWI

The training program will include both classroom and behind the wheel training on the following topics:

- Defensive driving
- Substance abuse
- Distracted driving (cell phone use)
- Aggressive driving (tailgating)
- Vehicle inspection
- Container securement
- Safety regulations
- Security procedures
- Emergency equipment
- Post-incident procedures
- Vehicle inspection/maintenance

We will have a driver qualification/personnel file for each driver, which will contain:

- The completed application form
- A copy of drivers MVR
- Information on reference checks
- Training records
- A copy of current driver's license

### *Impaired Driving*

The driver must not operate a vehicle at any time when his/her ability to do so is impaired, effected, influence by alcohol, illegal drugs, prescribed or over-the-counter medications, illness, fatigue or injury.

### *Traffic Laws*

Drivers must abide by the Federal, State and Local Motor Vehicle regulations, laws and ordinances.

### *Vehicle Condition*

Drivers are responsible for assuring that the vehicle is maintained in safe driving condition. Drivers are responsible for performing daily pre-trip inspections while maintaining inspection booklets, which are maintained in each company vehicle.

### *General Safety Rules*

Employees are not permitted to:



- Pick up hitchhikers
- Accept payment for carrying passengers or materials
- Use any radar detector, laser detector or similar devices
- Push or tow another vehicle
- Transport flammable liquids
- Use of burning flares will be discouraged the preferred method is the use of reflective triangles.
- Assist disabled motorists or accident victims beyond their level of medical expertise.
- If a driver is unable to provide the proper medical care, he/she must restrict his/her assistance to calling the proper authorities. Your safety and well-being is to be protected at all times.
- No use of cell phones while driving – this includes texting and two ways.

I have read and agree to this policy.

**Drivers Signature:** \_\_\_\_\_



# TINARI

## CONTAINER SERVICE

TK #	Year/Model	Vehicle ID #	License Plate #	State	Gross Weight	Ownership
206	2005 KENWORTH T800	INKDXBEX15J094985	AE21044	PA	73,280	Tinari Container
222	2024 KENWORTH T880	1NKZX4TX5RJ318687	AH41583	PA	73,280	Tinari Container
223	2024 KENWORTH T880	1NKZX4TX7RJ318688	AH44837	PA	73,280	Tinari Container

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1060 Industrial Boulevard · Southampton, Pa 18966  
Phone: 215-322-9135 · Fax: 215-322-8266  
[www.tinaricontainer.com](http://www.tinaricontainer.com) · [tinaricontainerservice@verizon.net](mailto:tinaricontainerservice@verizon.net)



# TINARI

## CONTAINER SERVICE

### 14 Vehicle Operator Information

James A Sheets  
Christopher C Tinari  
Thomas J Tinari  
Tony Coppinger  
Harry McNickle

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